

**Patient Demographics & Screening Form:**

In compliance with CMS's MIPS/MACRA standards we are required to capture demographic data including your preferred language, race, and ethnicity, along with other clinical data. This is an important part of your medical history and will assist us during our clinical quality improvement process. Please complete the information below.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient Portal Access:  Yes  No **Email:** \_\_\_\_\_

**Sex Assigned at Birth:**  Male  Female

**Gender Identity:**  Male  Female  X: \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Race:**

- African – American
- Alaska Native/Native American
- Asian
- Caucasian
- Filipino
- Hispanic
- Unknown
- Other \_\_\_\_\_

**Ethnicity:**

- Hispanic/Latinx
- Non – Hispanic/Latinx
- Unknown
- Other \_\_\_\_\_

**Primary Language:**

- Chinese
- English
- French
- Korean
- North American Indian language
- Spanish
- Other \_\_\_\_\_

**Please provide information about previous tests, screenings, immunization (including date MM/YYYY)**

**Breast Cancer Screening:**

Mammogram: \_\_\_\_ / \_\_\_\_

**Cervical Cancer Screening:**

Pap smear: \_\_\_\_ / \_\_\_\_

HPV Test: \_\_\_\_ / \_\_\_\_

**Colorectal Cancer Screening:**

Fecal Occult Blood: \_\_\_\_ / \_\_\_\_

Colonoscopy: \_\_\_\_ / \_\_\_\_

Flexible Sigmoidoscopy: \_\_\_\_ / \_\_\_\_

FIT-DNA(Cologuard): \_\_\_\_ / \_\_\_\_

**Tobacco Use:**

- Never:
- Current Every day Smoker:
- Current Smoker - Does Not Smoke Every Day:
- Former Smoker:

**Flu Shot:** \_\_\_\_ / \_\_\_\_

**Pneumococcal Vaccine (Pneumonia):** \_\_\_\_ / \_\_\_\_

**History of Falls** within the last year? Yes  No

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_